

# All About Your Dental Plan

Answers to frequently asked questions for State of Delaware employees

## How often can I receive diagnostic and preventive services? What services are covered?

Your plan covers two dental exams, two cleanings, two fluoride treatments (to age 19) and two bitewing x-rays within a 12-month period. Full-mouth x-rays are limited to once every three years. Your annual maximum is \$1,500 per person.

If you're a pregnant woman, you're also eligible for an extra dental exam, plus an additional cleaning, periodontal scaling and root planing procedure (up to 4 quadrants) or periodontal maintenance procedure.

## Can I choose a dentist of my choice?

Yes, you can visit any licensed dentist and receive coverage. However, you'll save the most if you visit a Delta Dental PPO™ dentist. For the next best savings, choose a dentist in the Delta Dental Premier® network.



PPO



PREMIER



NON-DELTA DENTAL

## How can I tell if my dentist is in-network?

Just go to [deltadentalins.com](https://deltadentalins.com) and check the dentist directory **under Find a Dentist**. Enter your dentist's ZIP code, select "All of the above" from the menu and enter your dentist's name. The names of the Delta Dental network(s) your dentist belongs to will be listed below your dentist's name. Your plan considers PPO and Premier dentists to be in-network.

Alternatively, you can ask your dental office, or you can call **800-873-4165** to have a Customer Service representative check for you.

## What if I'm currently undergoing treatment?

Your plan only covers treatment that begins after your plan's effective date. Your previous carrier is responsible for any treatment begun under that plan.

In-progress orthodontic treatment is the only exception to this rule. If banding has begun, Delta Dental will cover in-progress treatment beginning on your effective date. Coverage will be prorated based on remaining services and costs as of your effective date.

## Do I need to submit claim forms to get coverage?

If you visit a PPO or Premier dentist, the dental office will submit the claim for you. If you go to a non-Delta Dental dentist, it's possible you will have to submit your own claim form. You can download the form at [deltadentalins.com](https://deltadentalins.com) or call **800-873-4165** to request a form be sent to you by mail.

Regardless of where you live or receive treatment, you should submit claims to the following address:

Delta Dental of Delaware  
P.O. Box 2105  
Mechanicsburg, PA 17055-2105

## How long does it take to process claims?

Claims are usually processed in 10 days or less, starting from the date Delta Dental receives the claim.

If you visit a Delta Dental dentist, your plan will pay your dentist directly. If you visit a non-Delta Dental dentist, you pay your dentist the full amount, and Delta Dental will pay its share directly to you.

You can simplify this process by authorizing assignment of benefits. This means your plan will pay your non-Delta Dental dentist directly. To opt in, just sign a patient attestation and sign the claim form.

After you visit the dentist, you will receive a claim statement, also known as an explanation of benefits (EOB). This document will break down your treatment costs, showing your share of the bill and the share covered by your dental plan.

## How can I understand what my plan covers?

It's easy to learn more about your plan at [deltadentalins.com](https://deltadentalins.com). Just log in to your account after registering. You can look up what procedures are covered, which family members are eligible for coverage under your plan, how much of your maximum or deductible is left and more.

If you have any additional questions about your coverage, you can always call Customer Service toll-free.

## How can I find out whether my claims have been approved?

Just log in to your account at [deltadentalins.com](https://deltadentalins.com), and click on the **Claims** tab. To download your claim statements as PDFs, choose the **Documents** tab.

## What is balance billing? Which dentists can balance bill me?

Balance billing is when your dentist charges a higher amount for a service than your plan accepts, and you are responsible for the difference. For example, your plan pays 100% for a procedure to up \$100. If your dentist charges you \$120, your plan pays \$100, and you are responsible for the remaining \$20.

You will not be balance billed when you visit a Delta Dental dentist. PPO and Premier dentists cannot charge more than their set Delta Dental fees. If you visit an out-of-network dentist, however, you may be balance billed.

## How does my plan cover different treatment options?

In some cases, you may have the option to choose specialized techniques with higher costs. Examples may include use of gold, precision partial attachments, overlays, implants, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering or shoulders on crowns. Your plan covers the least costly treatment plan required to restore your oral health. You are responsible for the difference.

## I have more questions. How can I contact Delta Dental?

You can call Customer Service toll-free at **800-873-4165**, Monday through Friday, 8 am to 8 pm Eastern time, or visit the website at [deltadentalins.com](https://deltadentalins.com).